

Mandatory research projects during medical specialist training in Australia and New Zealand

TO THE EDITOR: Stehlik and colleagues' investigation of trainees' mandatory research training illuminates a perpetual weakness within *clinical* training programs.¹ Their findings resonate with our observations that positive research training experiences are serendipitous rather than the result of any structured approach by colleges and hospitals.

Stehlik and colleagues¹ did not address supervisor perspectives. Specialist colleges set training requirements that clinical staff must implement and supervise. Typically, clinicians responsible for supervising trainees do not have a formal education appointment, receive no remuneration for teaching duties and may have little research experience themselves. It is unsurprising that most trainees develop their own research question and are forced to self-teach the skills required to complete their research training requirements.^{1,2}

If the purpose of mandatory research projects is to develop future clinician-scientists, this model is demonstrably ineffective. Less than 1% of Australian doctors identify as researchers and fewer clinicians are involved in research.³ Alternatively, if the purpose

of mandatory research projects is to enhance research literacy, evidence indicates that there are higher yield methods of teaching research-related skills.⁴ Clinical research proficiency can be demonstrated by presentations, quality improvement work and implementation of evidence-based practice initiatives.⁴ Trainees are routinely required to lead journal club discussions. Such presentations are easily assessable by clinical supervisors and could contribute to research-based training milestones.

The profession would benefit from a diverse approach to college-approved non-clinical competencies. Managerial, business, education, and computer programming are a non-exhaustive list of non-clinical competencies that could be encouraged by a pluralistic training program. Inclusion of varied non-clinical components of training is likely to yield a higher value training experience and result in a profession of more varied and complementary capabilities.

High quality research demands substantial resources and expertise. No material support for the implementation of research training is provided by specialist colleges. Specialist training programs should apply evidence-based educational methods to improve research literacy among clinicians, equipping them to use data effectively to deliver evidence-based health care throughout their careers. Biomedical research should

be considered a subspecialty like any other, and worthy of dedicated funding, protected time and structured fellowship pathways, and not a mandatory tick box exercise.

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- 1 Stehlik P, Withers C, Bourke RC, et al. Mandatory research projects during medical specialist training in Australia and New Zealand: a survey of trainees' experiences and reports. *Med J Aust* 2025; 222: 231-239. <https://www.mja.com.au/journal/2025/222/5/mandatory-research-projects-during-medical-specialist-training-australia-and-new>
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